

D.I. # \_\_\_\_\_

**CIVIL ACTION****NUMBER:** 07-284 (Gms)U.S. POSTAL SERVICE  
REGISTERED MAIL RECEIPT(S)

U.S. Postal Service™		<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>			
<b>OFFICIAL USE</b>			
Postage	\$ 4.60	Postmark Here	07-284 Gms
Certified Fee	2.15		
Return Receipt Fee (Endorsement Required)	2.15		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 9.40		
Sent To	WARDEN TOM CARROLL		
Street, Apt. No., or PO Box No.	DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD.		
City, State, ZIP+4™	SMYRNA, DE 19977		
PS Form 3800, June 2002		See Reverse for Instructions	

7003 1680 0002 2585 8431